



**PHYSICAL EXAMINATION**  
**REQUIRED BY THE DEPARTMENT OF LABOR AND INDUSTRIES**  
**for State of Washington Charter Boat Operators License**

Physical examination of \_\_\_\_\_

**(TO BE COMPLETED BY PHYSICIAN)**

Height	Weight	Color Eyes	Color Hair
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**EYES:**

Color Sense is ☐ is NOT ☐ Normal.

Color perception checked by one of the following acceptable methods: (check one)

<input type="checkbox"/>	Farnsworth Lantern	<input type="checkbox"/>	SAMCTT (School of Aviation Medicine Color Threshold Tester)
<input type="checkbox"/>	Keystone Orthoscope	<input type="checkbox"/>	Titmus Optical Vision Tester
<input type="checkbox"/>	Keystone Telebinocular	<input type="checkbox"/>	Farnsworth Dichotomous D-15 Panel Test
<input type="checkbox"/>	Pseudoisochromatic Plate (Dvorine, 2nd Edition; ADC; revised edition or ADC-HRR Isherara 16-, 24-, or 38- plate editions).		

**VISION:**

Without glasses: Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_

With glasses: Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_

**EARS:**

Auditory canals: Normal: \_\_\_\_\_ Discharge: \_\_\_\_\_

Ordinary conversation: Right ear: \_\_\_\_\_ (feet) Left ear: \_\_\_\_\_ (feet)

Loud Conversation Right ear: \_\_\_\_\_ (feet) Left ear: \_\_\_\_\_ (feet)

**GENERAL:**

Heart: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Lungs: \_\_\_\_\_

Major defects, abnormalities, communicable diseases: \_\_\_\_\_

**PHYSICIAN'S STATEMENT OF FINDINGS**

I have on this date: \_\_\_\_\_ examined: \_\_\_\_\_  
who has signed below in my presence. Upon evaluation of the above finding, I consider the applicant

Competent ☐ Not competent ☐ to perform the duties for which he/she is applying.

Signature of applicant in presence of examining physician	Physician's confirming initials
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Signature of applicant in presence of L&I representative	L&I representative's signature
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Printed name of physician	Phone number
Address of physician	City State ZIP+4
Date exam submitted for file	State license number of physician

Physician's signature: \_\_\_\_\_